Ref. 41

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FEB 25 1998

Bureau of Water

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INTENT (NOI)

FOR

GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

(EXCLUDING CONSTRUCTION ACTIVITY)

OWNER/OPERATOR INFORMATION

NAME: (LAST, FIRST, MI.) (SEE INSTRUCTIONS): Beelman Ready Mix

MAILING ADDRESS: P.O. Box 305

CITY: St. Libory ST: IL ZIP: 62282

CONTACT PERSON: Shelly Beelman

OWNER TYPE: (SELECT ONE AND TYPE "X")

[X] PRIVATE [ ] COUNTY [ ] STATE [ ] CITY [ ] SPECIAL DISTRICT [ ] FEDERAL

TELEPHONE NUMBER: AREA CODE 618 NUMBER 768-4411

FACILITY/SITE INFORMATION

SELECT ONE AND TYPE "X": [X] EXISTING FACILITY [ ] NEW FACILITY [ ] CHANGE OF INFORMATION

GENERAL NPDES PERMIT NO.: ILR000

FACILITY NAME: Beelman Ready Mix - Sandoval

OTHER NPDES PERMIT NUMBERS: (IF APPLICABLE) N/A

MAILING ADDRESS: 100 Old Cemetery Road

TELEPHONE NUMBER: AREA CODE 618 NUMBER 247-3866

CITY: Sandoval ST: IL ZIP: 62882

LATITUDE: (NEAREST 15 SECONDS) DEG. 38 MIN. 36 SEC. 20

LONGITUDE: (NEAREST 15 SECONDS) DEG. 89 MIN. 06 SEC. 51

COUNTY: Marion SECTION: 17 TOWNSHIP: 2 N RANGE: 1 E

SIC OR DESIGNATED ACTIVITY CODE(S):	PRIMARY	2ND	3RD	4TH
	3273			

RECEIVING WATER INFORMATION

DOES YOUR STORM WATER DISCHARGE DIRECTLY TO: (SELECT ONE AND TYPE "X")

[X] WATERS OF THE STATE OR [ ] STORM SEWER

OWNER OF STORM SEWER SYSTEM:

NAME OF CLOSEST RECEIVING WATER (IF KNOWN): Prairie Creek

DOES QUANTITATIVE DATA CURRENTLY EXIST WHICH DESCRIBES THE CONCENTRATION OF POLLUTANTS IN THE STORM WATER DISCHARGES? [X] YES [ ] NO

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with. I also certify that, to the best of my knowledge, the storm water which is discharged from this facility/site does not contain process wastewater, domestic wastewater, or cooling water.

APPLICANT SIGNATURE: Frank Beelman III TITLE: Owner DATE: 2/21/98

Frank "Sam" J. Beelman, III

MAIL COMPLETED FORM TO: (DO NOT SUBMIT ADDITIONAL DOCUMENTATION UNLESS REQUESTED)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
ATTN: PERMIT SECTION
2200 CHURCHILL ROAD
POST OFFICE BOX 19276
SPRINGFIELD, IL 62794-9276

FOR OFFICE USE ONLY

LOG

PERMIT: ILR005671

DATE 02-25-98

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

IL 532 2106
WPC 622 REV. 1/95

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2000-0474. Approval expires 4-30-85

FORM 1 GENERAL — EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F I L 0 0 — T/A C: D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X			D. Is this a **proposed facility** *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP BEELMAN READY MIX - SANDOVAL

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 BEELMAN SHELLY	618 768 4411

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P O BOX 305

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 ST. LIBORY	IL	62282

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 100 OLD CEMETERY ROAD

B. COUNTY NAME

MARION

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 SANDOVAL	IL	62882	

Please print or type in the unshaded areas only

EPA ID Number (copy from Item 1 of Form 1): 121050 AAG

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

Form 2F NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
001	38	36	20	89	06	51	Prairie Creek

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. No

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

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B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	2.5 AC	5.7 AC			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Rock, sand, and lime storage piles are located on-site. No treatment methods for storm water are in place.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
	N/A	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
N/A		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

Continued from Page 2

EPA ID Number *(copy from Item I of Form 1)*
121050 AAG

VII. Discharge Information

A,B,C, & D: **See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.**

E: Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3 or 2F-4, a substance or a componant of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☒ No *(go to Section IX)*

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes *(list all such pollutants below)* ☐ No *(go to Section IX)*

IX. Contract Analysis Information

Were any of the analysis reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(type or print)*	B. Area Code and Phone No.
Frank "Sam" J. Beelman, III, Owner	618-452-8187
C. Signature: Frank Beelman III	D. Date Signed: 2/21/98

EPA ID Number *(copy from Item I of Form 1)*
121050 AAG

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)*

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand (BOD5)	Representative samples taken at					
Chemical Oxygen Demand (COD)	Nashville and Mt. Vernon facilities.					
Total Suspended Solids (TSS)	See attached laboratory analysis					
Total Nitrogen	results.					
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
N/A						

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Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

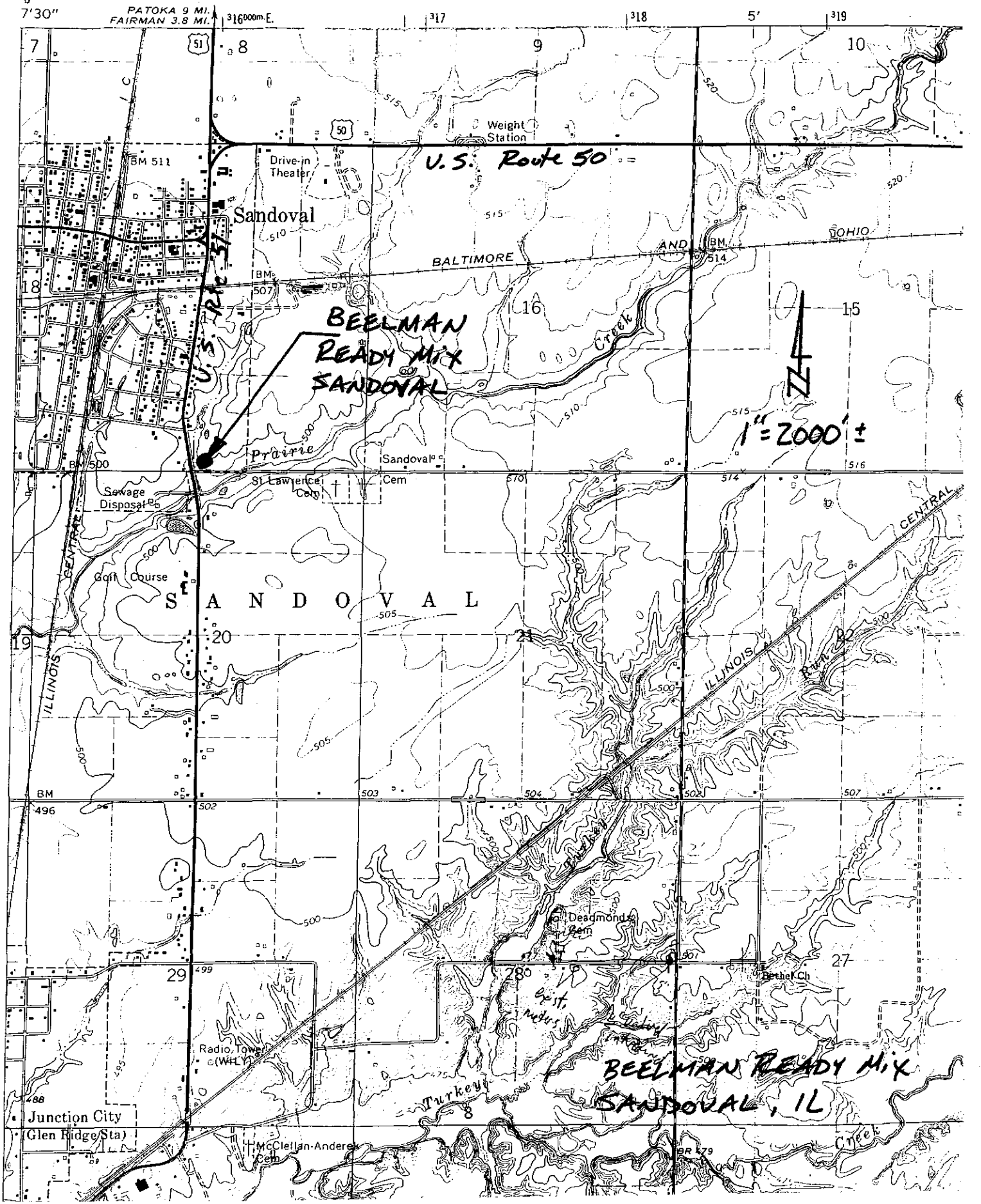
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
N/A						

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units	6. Total flow from rain event (gallons or specify units)
2/11/93	60 min.	0.5 inches±	±1.5 months	unknown	unknown

7. Provide a description of the method of flow measurement or estimate.

N/A


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
CENTRALIA EAST QUAD.
7.5 MINUTE SERIES
7'30"
PATOKA 9 MI.
FAIRMAN 3.8 MI.
316000m E.
U.S. Route 50
Weight Station
Drive-in Theater
BM 511
Sandoval
BALTIMORE AND OHIO
BM 514
BM 507
U.S. Rte 51
BEELMAN READY MIX SANDOVAL
Prairie Creek
1" = 2000' ±
BM 500
Sewage Disposal
St Lawrence Cem
Sandoval Cem
CENTRAL ILLINOIS
Golf Course
SANDOVAL
ILLINOIS
BM 496
Deadmond Cem
Bethel Ch
Radio Tower (WILY)
Junction City (Glen Ridge Sta)
McClellan-Anderson Cem
Turkey Creek
BEELMAN READY MIX
SANDOVAL, IL

TEKLAB, INC.

5445 HORSESHOE LAKE ROAD
COLLINSVILLE, ILLINOIS 62234

ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004
FAX: 618-344-1005

Report #24003-1

Mr. Gary Mueller
Curry Engineers & Associates
P.O. Box 246
243 East Elm
Nashville, IL 62263

Project: Water Quality Testing
Beelman Ready Mix

Sample Received: 02-11-98

Sample ID: Nashville
Sample Date: 02-11-98

Lab ID: 980211-449
Report Date: 02-17-98

ANALYSIS RESULTS

METHOD	PARAMETER	RESULT	UNIT	DATE OF ANALYSIS
351.4	T. Kjeldahl Nitrogen	0.87	mg/l	02-16-98KB
413.1	Oil & Grease	2	mg/l	02-13-98JH
405.1	BOD (5 day)	<5	mg/l	02-11-98SM
410.4	COD	<20	mg/l	02-16-98CF
365.2	Phosphorus	0.070	mg/l	02-17-98RD
160.2	T. Suspended Solids	11	mg/l	02-13-98RD
150.1	pH	9.40	SU	02-11-98KR

These tests were conducted in accordance with "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020 (Revised March 1983).,

TEKLAB, INC.

Michael L. Austin
Director of Operations

TEKLAB, INC.

5445 HORSESHOE LAKE ROAD
COLLINSVILLE, ILLINOIS 62234

ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004
FAX: 618-344-1005

Report #24003-2

Mr. Gary Mueller
Curry Engineers & Associates
P.O. Box 246
243 East Elm
Nashville, IL 62263

Project: Water Quality Testing
Beelman Ready Mix

Sample Received: 02-11-98

Sample ID: Mt. Veron
Sample Date: 02-11-98

Lab ID: 980211-450
Report Date: 02-17-98

ANALYSIS RESULTS

METHOD	PARAMETER	RESULT	UNIT	DATE OF ANALYSIS
351.4	T. Kjeldahl Nitrogen	0.53	mg/l	02-16-98KB
413.1	Oil & Grease	1	mg/l	02-13-98JH
405.1	BOD (5 day)	<5	mg/l	02-11-98SM
410.4	COD	<20	mg/l	02-16-98CF
365.2	Phosphorus	0.083	mg/l	02-17-98RD
160.2	T. Suspended Solids	28	mg/l	02-13-98RD
150.1	pH	8.70	SU	02-11-98KR

These tests were conducted in accordance with "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020 (Revised March 1983).,

TEKLAB, INC.

Michael L. Austin
Director of Operations